

Montana Public Service Commission
Motor Carrier Annual Report

Report must be filed on or before March 31st each year

All annual report filings must be signed by an owner or officer of the company and notarized by a notary public. (oath page)

Carrier Name
(EXACTLY AS
SHOWN ON
PSC
AUTHORITY)

--

PSC Number

	See General Instruction # 5
--	-----------------------------

See General Instruction # 1

Reporting Year

--

Reporting Period (if other than
calendar year)

mm/yyyy to mm/yyyy format

	/		to		/	
--	---	--	----	--	---	--

CARRIER
ADDRESS

City		State		Zip	

Check
YES ☐
NO ☐

Is the address shown above the carriers official address now on file at the PSC
(address at which you now receive monthly notice and other materials from the
PSC)?

Check
YES ☐
NO ☐

If the answer to the above question is **NO** do you want your official address
changed to that shown above?

Carrier e-mail
address

--

optional

Person Completing Report

Name

--

Phone Number

--

E-mail Address

--

optional

Check One

YES ☐
NO ☐

**DID THE CARRIER TRANSPORT ANY REGULATED INTRASTATE PASSENGERS
OR FREIGHT DURING THE FILING PERIOD?**

If NO See General
instruction #3

Montana Public Service Commission
Transportation Division
1701 Prospect Avenue / PO Box 202601
Helena, MT 59620-2601

GENERAL INSTRUCTIONS

Enclosed is the motor carrier annual report form prescribed by the Montana Public Service Commission. This report must be filed with the Montana Public Service Commission on or before MARCH 31st of each year following that which the report is made. Filing of an annual report by motor carriers is prescribed by Section 69-12-401, MCA. Failure to submit this report in full may jeopardize your operating authority.

1. Report should represent operations for the calendar year (January 1st to December 31st). If your company wishes to file on a fiscal year, a written request must be submitted to the Commission for approval. All subsequent reports must then be filed on the fiscal year end.
2. All data may be reported to the nearest whole dollar or whole number.
3. If there were no regulated intrastate moves during the filing period, a negative report may be filed. To file a negative report, complete the cover sheet and note that no regulated intrastate passengers or commodities were transported. No further financial information is required. **Mail the completed cover sheet and signed and notarized oath page to the public service commission.**
4. All annual report filings must be signed and by owner or officer of the company and notarized by a notary public.
5. If a company operates under more than one PSC number, registered in exactly the same company name, a combined report may be filed. However that fact should be clearly noted on the cover of the report.
6. **ALL CARRIERS MUST COMPLETE:**
 - Schedule 1 (Income Statement)**
 - Schedule 2 (Balance Sheet)**
 - Schedule 3 (Intrastate Revenue)**
 - Oath**
7. Class D carriers not generating \$5,000 gross revenue from the Class D authority during the calendar year must complete:
 - Schedule 4 (Monthly Customer Listing)
8. Class D carriers NOT MEETING reporting requirements listed in the above schedules must complete:

Schedule 5 (Verified Statement)

PSC #			
Year			
SCHEDULE 1			
INCOME STATEMENT			
<u>Operating Revenue</u>			
1.	Intrastate Revenue		
2.	Interstate Revenue		
3.	Non-Regulated Revenue		
4.	TOTAL REVENUE		
<u>Expenses</u>			
5.	Salaries—Officers & Supervisory Personnel		
	<u>Salaries & Wages</u>		
6.	Clerical & Administrative		
7.	Drivers & Helpers		
8.	Cargo Handlers		
9.	Vehicle Repair & Service		
10.	Other Labor		
	<u>Other Fringes</u>		
11.	Payroll Taxes		
12.	Workman's Compensation		
13.	Pension & Welfare Expenses		
	<u>Operating Supplies & Expenses</u>		
14.	Fuel for Motor Vehicles		
15.	Vehicle Parts		
16.	Other Operating Supplies & Expenses		
17.	General Supplies & Expenses		
	<u>Operating Taxes & Licenses</u>		
18.	Gas, Fuel and Oil Taxes		
19.	Real Estate & Personal Property Taxes		
20.	Vehicle License & Registration Fees		
21.	Other Taxes		
22.	Insurance		
23.	Communications & Utilities		
24.	<u>Depreciation & Amortization</u>		
25.	Revenue Equipment		
26.	Other		
	<u>Purchased Transportation</u>		
27.	With Driver		
28.	Without Driver		
29.	Other Purchased Transportation		
30.	Building & Office Equipment Rents		
31.	Gain or Loss on Disposition of Operating Assets		
32.	Miscellaneous Expenses		
33.	TOTAL EXPENSES		
34.	<u>NET INCOME OR LOSS</u>		

PSC #			
Year			
			SCHEDULE 2
			BALANCE SHEET
			(ASSETS)
	<u>CURRENT ASSETS</u>		
1.		Cash & Working Funds	
2.		Special Deposits	
3.		Temporary Cash Investments	
4.		Notes Receivable	
5.		Accounts Receivable	
6.		Prepayments	
7.		Materials & Supplies	
8.		Other Current Assets	
9.		<u>TOTAL CURRENT ASSETS</u>	
	<u>TANGIBLE PROPERTY</u>		
10.		Carrier Operating Property	
11.		Less: Reserve for Depreciation	
12.		Carrier Operating Property Leased to Others	
13.		Less: Reserve for Depreciation	
14.		Non-Carrier Operating Property	
15.		Less: Reserve for Depreciation	
16.		<u>TOTAL TANGIBLE PROPERTY</u>	
	<u>INTANGIBLE PROPERTY</u>		
17.		Organization, Franchises & Permits	
18.		Less: Reserve for Amortization	
19.		Other Intangible Property	
20.		Less: Reserve for Amortization	
21.		<u>TOTAL INTANGIBLE PROPERTY</u>	
22.		Total Investment Securities and Advances	
23.		Total Special Funds	
24.		Total Deferred Debits	
25.	<u>TOTAL ASSETS</u>		

PSC #			
Year			
SCHEDULE 2			
BALANCE SHEET			
(LIABILITIES)			
	<u>CURRENT LIABILITIES</u>		
26		Notes Payable & Matured Long Term Obligations	
27		Accounts Payable	
28		Wages Payable	
29		C.O.D.'s Unremitted	
30		Taxes Accrued	
31		Interest Accrued	
32		Matured Interest	
33		Other Current Liabilities	
34		TOTAL CURRENT LIABILITIES	
	<u>LONG TERM DEBT DUE WITHIN ONE YEAR</u>		
35		Equipment Obligations and other Debt	
	<u>LONG TERM DEBT DUE AFTER ONE YEAR</u>		
36		Advances Payable	
37		Equipment Obligations	
38		Less reacquired and nominally issued	
39		Other Long Term Obligations	
40		Less reacquired and nominally issued	
41		TOTAL LONG TERM DEBT	
42		Total Deferred Credits	
43		Total Reserves	
	<u>SHAREHOLDERS' (OR PROPRIETORS') EQUITY</u>		
44.		Total Capital Stock	
45		Total Proprietors' Capital	
46		Total Retained Earnings	
47		TOTAL SHAREHOLDERS' (OR PROPRIETORS') EQUITY	
48	<u>TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS') EQUITY</u>		
	DO TOTAL ASSETS EQUAL TOTAL LIABILITIES & SHAREHOLDERS' (OR PROPRIETORS) EQUITY? IF NOT PLEASE REVIEW AND MAKE CORRECTIONS		

[illegible]

PSC#

Year

SCHEDULE 4
MONTHLY CUSTOMER LISTING FOR CLASS D SERVICE

Customer listing must include at least 20 customers per month during each month of the calendar year

	January	February	March
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

	April	May	June
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

20			
----	--	--	--

PSC#

Year

SCHEDULE 4 cont.

	July	August	September
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

	October	November	December
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			

20			
----	--	--	--

PSC #
Year

SCHEDULE 5
VERIFIED STATEMENT

Schedule 5 must be completed by Class D carriers who did not generate \$5,000 gross revenue from Class D operations and did not serve twenty (20) customers for each month of the calendar year.

The verified statement will be reviewed by the Commission and a determination made whether the certificate should be cancelled.

STATEMENT:

PSC # _____
Year _____

OATH

STATE OF _____

SS.

County of _____

I, the undersigned _____ of the motor carrier, above named, on my oath say that the foregoing return has been prepared, under my direction, from the original books, papers and record of said motor carrier; that I have carefully examined the same and declare the same to be a complete and correct statement of the business and affairs of said motor carrier in respect to each and every matter and thing therein set forth, to the best of my knowledge, information and belief; and I further say that no deductions were made before stating the gross earnings or receipts herein set forth except those shown in the foregoing accounts; and that the accounts and figures contained in the foregoing return embrace all of the financial operations of said motor carrier during the period for which said return is filed.

(Signature of owner/officer/authorized representative)

(Title)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____.

(SEAL)

Notary Public

In and for the State of _____

Residing at _____

My Commission Expires _____